



# ANNUAL STATEMENT

For the Year Ended December 31, 2018  
of the Condition and Affairs of the

## The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0  
(Current Period) (Prior Period)

NAIC Company Code..... 56383

Employer's ID Number..... 31-4273120

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... October 4, 1890

Commenced Business..... January 16, 1888

Statutory Home Office

1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number) (City or Town, State, Country and Zip Code)

800-848-0123  
(Area Code) (Telephone Number)

Main Administrative Office

1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number) (City or Town, State, Country and Zip Code)

Mail Address

1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number) (City or Town, State, Country and Zip Code)

800-848-0123  
(Area Code) (Telephone Number)

Internet Web Site Address

Kevin C Hecker  
(Name)  
khecker@uct.org  
(E-Mail Address)

800-848-0123-1142  
(Area Code) (Telephone Number)  
(Extension)

Statutory Statement Contact

614-487-9675  
(Fax Number)

### OFFICERS

Name  
1. Christopher Barry Phelan #  
3. Kevin Clare Hecker #

Title  
President  
Chief Executive Officer

Name  
2. Stephen Randal Desselles  
4.

Title  
Secretary/Treasurer

Ronald Allen Ives

Senior Vice-President, Chief  
Information Officer  
Consulting Actuary

Sandra Elizabeth Shafer

Vice-President, Fraternal

Jeffrey Lee Smith MAAA, FCA

### OTHER

State of..... Ohio

County of..... Franklin

### DIRECTORS OR TRUSTEES

Glenn Edward Suever  
Christopher Barry Phelan  
Stanna Kay Funk #

Stephen Randal Desselles  
David James Syrota

Mary Frances Applegate  
Dianna Jean Wolfe

Numan Dwight Loafman  
Kenneth Eugene Milliser, Jr.

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period

stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

  
(Signature)  
Christopher Barry Phelan #

1. (Printed Name)  
President  
(Title)

  
(Signature)  
Stephen Randal Desselles

2. (Printed Name)  
Secretary/Treasurer  
(Title)

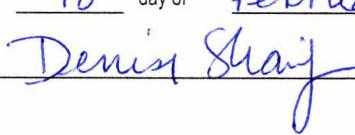
  
(Signature)  
Kevin Clare Hecker #

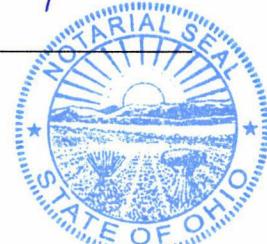
3. (Printed Name)  
Chief Executive Officer  
(Title)

Subscribed and sworn to before me  
This 18 day of February 2019

a. Is this an original filing?  
b. If no  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]





DENISE SHARIF  
Notary Public, State of Ohio  
My Commission Expires 8-25-2020

**The Order Of United Commercial Travelers Of America**  
**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	13,314,482	0	13,314,482	15,457,033
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$....562,743, Schedule E-Part 1), cash equivalents (\$....147,294, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	710,037	0	710,037	(290,007)
6. Contract loans (including \$.....0 premium notes).....	746,626	0	746,626	788,821
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	14,771,145	0	14,771,145	15,955,848
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	91,901	0	91,901	114,964
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	32,540	0	32,540	32,324
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	60,861	0	60,861	83,641
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	401,650	0	401,650	494,915
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	63,404	0	63,404	63,404
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	0	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	166,181	152,803	13,378	13,877
21. Furniture and equipment, including health care delivery assets (\$.....0).....	31,816	31,816	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	0
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other-than-invested assets.....	674,636	674,636	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	16,294,134	859,255	15,434,879	16,758,974
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTAL (Lines 26 and 27).....	16,294,134	859,255	15,434,879	16,758,974

**DETAILS OF WRITE-INS**

1101. ....	0	0	0	0
1102. ....	0	0	0	0
1103. ....	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other Assets Nonadmitted.....	674,636	674,636	0	0
2502. ....	0	0	0	0
2503. ....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	674,636	674,636	0	0

**The Order Of United Commercial Travelers Of America**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 999999) (including \$.....0 Modco Reserve).....	2,580,815	3,162,397
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	961,866	1,059,781
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	21,704	4,151
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	33,313	16,507
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	1,013,523	1,157,770
5. Refunds due and unpaid (Exhibit 4, Line 10).....	0	0
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	0	0
6.2 Not yet apportioned.....	0	0
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....112,855 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	113,187	133,548
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	0	0
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	0	0
8.3 Interest Maintenance Reserve (IMR, Line 6).....	76,685	182,131
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	12,680	15,539
10. Commissions and expense allowances payable on reinsurance assumed.....	0	0
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	834,758	525,612
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	0	0
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	27,275	24,368
14. Unearned investment income.....	0	0
15. Amounts withheld or retained by Society as agent or trustee.....	169,639	100,925
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	0	0
17. Remittances and items not allocated.....	10,819	17,659
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0
19. Liability for benefits for employees and fieldworkers if not included above.....	0	0
20. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	46,564	55,419
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	0	0
21.4 Payable to subsidiaries and affiliates.....	0	0
21.5 Drafts outstanding.....	0	0
21.6 Funds held under coinsurance.....	0	0
21.7 Derivatives.....	0	0
21.8 Payable for securities.....	0	0
21.9 Payable for securities lending.....	0	0
22. Aggregate write-ins for liabilities.....	1,278,001	1,089,931
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	7,180,829	7,545,738
24. From Separate Accounts statement.....	0	0
25. Total liabilities (Lines 23 and 24).....	7,180,829	7,545,738
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	0	0
28. Aggregate write-ins for surplus funds.....	25,000	25,000
29. Unassigned funds.....	8,229,050	9,188,236
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	8,254,050	9,213,236
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	15,434,879	16,758,974

**DETAILS OF WRITE-INS**

2201. Amounts Payable to Reinsurer.....	924,501	667,146
2202. Deferred Income.....	71,659	149,473
2203. Unclaimed Funds.....	281,841	273,312
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....	1,278,001	1,089,931
2601. .....	0	0
2602. .....	0	0
2603. .....	0	0
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 through 2603 plus 2698) (Line 26 above).....	0	0
2801. Fraternal Fund.....	25,000	25,000
2802. .....	0	0
2803. .....	0	0
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above).....	25,000	25,000

**The Order Of United Commercial Travelers Of America**  
**SUMMARY OF OPERATIONS**

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	12,669,023	12,258,258
2. Considerations for supplementary contracts with life contingencies.....	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	456,788	497,276
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	1,254	15,769
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....	3,965,874	4,598,781
7. Reserve adjustments on reinsurance ceded.....	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	0	0
8.2 Charges and fees for deposit-type contracts.....	0	0
8.3 Aggregate write-ins for miscellaneous income.....	1,104,468	1,099,927
9. Totals (Lines 1 to 8.3).....	18,197,407	18,470,011
10. Death benefits.....	234,091	214,705
11. Matured endowments (excluding guaranteed annual pure endowments).....	18,355	194
12. Annuity benefits.....	26,222	35,218
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	8,115,953	7,451,263
14. Surrender benefits and withdrawals for life contracts.....	498,719	47,914
15. Interest and adjustments on contract or deposit-type contracts funds.....	143	54
16. Payments on supplementary contracts with life contingencies.....	0	0
17. Increase in aggregate reserve for life and accident and health contracts.....	(679,702)	56,761
18. Totals (Lines 10 to 17).....	8,213,781	7,806,109
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....	3,040,128	3,330,762
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....	0	0
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	7,670,596	7,216,259
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	324,953	334,469
23. Increase in loading on deferred and uncollected premiums.....	13,725	(4,974)
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0	0
25. Aggregate write-ins for deductions.....	0	0
26. Totals (Lines 18 to 25).....	19,263,183	18,682,625
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(1,065,776)	(212,614)
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	0	0
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	(1,065,776)	(212,614)
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....0 transferred to the IMR).....	236,041	18,361
31. Net income (Lines 29 + 30).....	(829,735)	(194,253)
<b>SURPLUS ACCOUNT</b>		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	9,213,236	9,411,137
33. Net income from operations (Line 31).....	(829,735)	(194,253)
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	0	0
35. Change in net unrealized foreign exchange capital gain (loss).....	(180,711)	199,145
36. Change in nonadmitted assets.....	42,406	(201,901)
37. Change in liability for reinsurance in unauthorized and certified companies.....	0	0
38. Change in reserve on account of change in valuation basis (increase) or decrease.....	0	0
39. Change in asset valuation reserve.....	8,855	(892)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....	0	0
41. Other changes in surplus in Separate Accounts statement.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Change in surplus as a result of reinsurance.....	0	0
45. Aggregate write-ins for gains and losses in surplus.....	0	0
46. Net change in surplus for the year (Lines 33 through 45).....	(959,186)	(197,901)
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	8,254,050	9,213,236

**DETAILS OF WRITE-INS**

08.301. Donations.....	29,564	33,995
08.302. Supreme Dues.....	706,165	728,093
08.303. Misc Income.....	368,739	337,839
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	1,104,468	1,099,927
2501. ....	0	0
2502. ....	0	0
2503. ....	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0
4501. ....	0	0
4502. ....	0	0
4503. ....	0	0
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above).....	0	0

# The Order Of United Commercial Travelers Of America

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	12,657,501	12,283,457
2. Net investment income.....	709,240	573,248
3. Miscellaneous income.....	5,588,975	5,616,392
4. Total (Lines 1 through 3).....	18,955,716	18,473,097
5. Benefit and loss related payments.....	9,003,165	7,767,479
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	10,769,801	10,990,495
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	0	0
10. Total (Lines 5 through 9).....	19,772,966	18,757,974
11. Net cash from operations (Line 4 minus Line 10).....	(817,250)	(284,877)
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	3,670,350	2,394,665
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,670,350	2,394,665
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,622,571	2,358,684
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,622,571	2,358,684
14. Net increase (decrease) in contract loans and premium notes.....	(42,196)	5,189
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	2,089,975	30,792
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	(272,680)	(221,663)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(272,680)	(221,663)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	1,000,045	(475,748)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	(290,007)	185,741
19.2 End of year (Line 18 plus Line 19.1).....	710,038	(290,007)

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 .....	0	0
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# The Order Of United Commercial Travelers Of America

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Insurance						8	9
		2	3	4	5	6	7		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2) through 6)	Fraternal	Expense
1. Premiums and annuity considerations for life and accident and health contracts.....	12,669,023	159,771	34,920	0	12,474,332	0	12,669,023	0	0
2. Considerations for supplementary contracts with life contingencies.....	0	0	0	0	0	0	0	0	0
3. Net investment income.....	456,788	204,125	56,313	0	196,350	0	456,788	0	0
4. Amortization of interest maintenance reserve (IMR).....	1,254	560	155	0	539	0	1,254	0	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0	0	0	0	0	0	0	0	0
6. Commissions and expense allowances on reinsurance ceded.....	3,965,874	104,569	1,939	0	3,859,366	0	3,965,874	0	0
7. Reserve adjustments on reinsurance ceded.....	0	0	0	0	0	0	0	0	0
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....	0	0	0	0	0	0	0	0	0
8.2 Charges and fees for deposit-type contracts.....	0	0	0	0	0	0	0	0	0
8.3 Aggregate write-ins for miscellaneous income.....	1,104,468	0	0	0	286,312	0	286,312	818,156	0
9. Totals (Lines 1 to 8.3).....	18,197,407	469,025	93,327	0	16,816,899	0	17,379,251	818,156	0
10. Death benefits.....	234,091	234,091	0	0	0	0	234,091	0	0
11. Matured endowments (excluding guaranteed annual pure endowments).....	18,355	18,355	0	0	0	0	18,355	0	0
12. Annuity benefits.....	26,222	0	26,222	0	0	0	26,222	0	0
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	8,115,953	0	0	0	8,115,953	0	8,115,953	0	0
14. Surrender benefits and withdrawals for life contracts.....	498,719	498,719	0	0	0	0	498,719	0	0
15. Interest and adjustments on contract or deposit-type contract funds.....	143	143	0	0	0	0	143	0	0
16. Payments on supplementary contracts with life contingencies.....	0	0	0	0	0	0	0	0	0
17. Increase in aggregate reserve for life and accident and health contracts.....	(679,702)	(604,407)	22,619	0	(97,914)	0	(679,702)	0	0
18. Totals (Lines 10 to 17).....	8,213,781	146,901	48,841	0	8,018,039	0	8,213,781	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	3,040,128	55,252	0	0	2,984,876	0	3,040,128	0	0
20. Commissions and expense allowances on reinsurance assumed.....	0	0	0	0	0	0	0	0	0
21. General insurance expenses and fraternal expenses.....	7,670,596	307,935	34,498	0	6,565,745	0	6,908,178	762,418	0
22. Insurance taxes, licenses and fees.....	324,953	13,370	1,498	0	285,073	0	299,941	25,012	0
23. Increase in loading on deferred and uncollected premiums.....	13,725	13,725	0	0	0	0	13,725	0	0
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0	0	0	0	0	0	0	0	0
25. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0
26. Totals (Lines 18 to 25).....	19,263,183	537,183	84,837	0	17,853,733	0	18,475,753	787,430	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(1,065,776)	(68,158)	8,490	0	(1,036,834)	0	(1,096,502)	30,726	0
28. Refunds to members.....	0	0	0	0	0	0	0	0	0
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	(1,065,776)	(68,158)	8,490	0	(1,036,834)	0	(1,096,502)	30,726	0

**DETAILS OF WRITE-INS**

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
<b>Involving Life or Disability Contingencies (Reserves)</b>				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	3,162,397	2,351,528	810,869	0
2. Tabular net premiums or considerations.....	237,084	203,910	33,174	0
3. Present value of disability claims incurred.....	0	0	0	XXX.....
4. Tabular interest.....	120,128	87,445	32,683	0
5. Tabular less actual reserve released.....	0	0	0	0
6. Increase in reserve on account of change in valuation basis.....	0	0	0	0
6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve.....	0	0	XXX.....	XXX.....
7. Other increases (net).....	0	0	0	0
8. Totals (Lines 1 to 7).....	3,519,609	2,642,883	876,726	0
9. Tabular cost.....	357,555	357,555	0	XXX.....
10. Reserves released by death.....	73,475	73,475	XXX.....	XXX.....
11. Reserves released by other terminations (net).....	507,761	464,523	43,238	0
12. Annuity, supplementary contract and disability payments involving life contingencies.....	0	0	0	0
13. Net transfers to or (from) Separate Accounts.....	0	0	0	0
14. Total deductions (Lines 9 to 13).....	938,791	895,553	43,238	0
15. Reserve December 31, current year.....	2,580,818	1,747,330	833,488	0

**The Order Of United Commercial Travelers Of America**  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....38,349	38,263
1.1 Bonds exempt from U.S. tax.....	(a).....0	0
1.2 Other bonds (unaffiliated).....	(a).....440,231	417,253
1.3 Bonds of affiliates.....	(a).....0	0
2.1 Preferred stocks (unaffiliated).....	(b).....0	0
2.11 Preferred stocks of affiliates.....	(b).....0	0
2.2 Common stocks (unaffiliated).....	0	0
2.21 Common stocks of affiliates.....	0	0
3. Mortgage loans.....	(c).....0	0
4. Real estate.....	(d).....0	0
5. Contract loans.....	.....55,733	55,733
6. Cash, cash equivalents and short-term investments.....	(e).....10,113	10,113
7. Derivative instruments.....	(f).....0	0
8. Other invested assets.....	0	0
9. Aggregate write-ins for investment income.....	.....2,337	2,337
10. Total gross investment income.....	546,763	523,699
11. Investment expenses.....	(g).....66,911	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....0	
13. Interest expense.....	(h).....0	
14. Depreciation on real estate and other invested assets.....	(i).....0	
15. Aggregate write-ins for deductions from investment income.....	.....0	
16. Total deductions (Lines 11 through 15).....	.....66,911	
17. Net investment income (Line 10 minus Line 16).....	.....456,788	

**DETAILS OF WRITE-INS**

0901. Misc. Investment Income.....	.....2,337	.....2,337
0902. ....	0	0
0903. ....	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....2,337	.....2,337
1501. ....	0	0
1502. ....	0	0
1503. ....	0	0
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$....6,896 accrual of discount less \$....51,638 amortization of premium and less \$....8,212 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....(1,327)	0	.....(1,327)	0	0
1.1 Bonds exempt from U.S. tax.....	0	0	0	0	0
1.2 Other bonds (unaffiliated).....	131,284	106,084	.....237,368	0	202,468
1.3 Bonds of affiliates.....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated).....	0	0	0	0	0
2.11 Preferred stocks of affiliates.....	0	0	0	0	0
2.2 Common stocks (unaffiliated).....	0	0	0	0	0
2.21 Common stocks of affiliates.....	0	0	0	0	0
3. Mortgage loans.....	0	0	0	0	0
4. Real estate.....	0	0	0	0	0
5. Contract loans.....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments.....	0	0	0	0	0
7. Derivative instruments.....	0	0	0	0	0
8. Other invested assets.....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	129,957	106,084	.....236,041	0	202,468

**DETAILS OF WRITE-INS**

0901. ....	0	0	0	0	0
0902. ....	0	0	0	0	0
0903. ....	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page...	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

**EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

	1	Insurance					7	8
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
<b>FIRST YEAR (other than single)</b>								
1. Uncollected..	0	0	0	0	0	0	0	0
2. Deferred and accrued.....	2,358	2,358	0	0	0	2,358	0	0
3. Deferred, accrued & uncollected:								
3.1 Direct.....	2,524	2,524	0	0	0	2,524	0	0
3.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded.....	167	167	0	0	0	167	0	0
3.4 Net (Line 1 + Line 2).....	2,358	2,358	0	0	0	2,358	0	0
4. Advance.....	0	0	0	0	0	0	0	0
5. Line 3.4 - Line 4.....	2,358	2,358	0	0	0	2,358	0	0
6. Collected during year:								
6.1 Direct.....	6,053	6,053	0	0	0	6,053	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	1,952	1,952	0	0	0	1,952	0	0
6.4 Net.....	4,101	4,101	0	0	0	4,101	0	0
7. Line 5 + Line 6.4.....	6,459	6,459	0	0	0	6,459	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	1,509	1,509	0	0	0	1,509	0	0
9. First year premiums and considerations:								
9.1 Direct.....	6,442	6,442	0	0	0	6,442	0	0
9.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded.....	1,492	1,492	0	0	0	1,492	0	0
9.4 Net (Line 7 - Line 8).....	4,950	4,950	0	0	0	4,950	0	0
<b>SINGLE</b>								
10. Single premiums and considerations:								
10.1 Direct.....	10,292	10,292	0	0	0	10,292	0	0
10.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
10.3 Reinsurance ceded.....	7,644	7,644	0	0	0	7,644	0	0
10.4 Net.....	2,648	2,648	0	0	0	2,648	0	0
<b>RENEWAL</b>								
11. Uncollected..	33,553	1,012	0	32,541	0	33,553	0	0
12. Deferred and accrued.....	62,242	62,242	0	0	0	62,242	0	0
13. Deferred, accrued & uncollected:								
13.1 Direct.....	349,606	260,091	0	89,515	0	349,606	0	0
13.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
13.3 Reinsurance ceded.....	253,811	196,837	0	56,974	0	253,811	0	0
13.4 Net (Line 11 + Line 12).....	95,795	63,254	0	32,541	0	95,795	0	0
14. Advance.....	113,188	333	0	112,855	0	113,188	0	0
15. Line 13.4 - Line 14.....	(17,393)	62,921	0	(80,314)	0	(17,393)	0	0
16. Collected during year:								
16.1 Direct.....	49,227,107	739,033	48,603	48,439,471	0	49,227,107	0	0
16.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
16.3 Reinsurance ceded.....	36,576,355	578,657	13,683	35,984,015	0	36,576,355	0	0
16.4 Net.....	12,650,752	160,376	34,920	12,455,456	0	12,650,752	0	0
17. Line 15 + Line 16.4.....	12,633,359	223,297	34,920	12,375,142	0	12,633,359	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(28,066)	71,127	0	(99,193)	0	(28,066)	0	0
19. Renewal premiums and considerations:								
19.1 Direct.....	49,210,079	701,890	48,603	48,459,586	0	49,210,079	0	0
19.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
19.3 Reinsurance ceded.....	36,548,654	549,719	13,683	35,985,252	0	36,548,654	0	0
19.4 Net (Line 17 - Line 18).....	12,661,425	152,170	34,920	12,474,335	0	12,661,425	0	0
<b>TOTAL</b>								
20. Total premiums and annuity considerations:								
20.1 Direct.....	49,226,813	718,624	48,603	48,459,586	0	49,226,813	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	36,557,790	558,855	13,683	35,985,252	0	36,557,790	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	12,669,023	159,768	34,920	12,474,335	0	12,669,023	0	0

**EXHIBIT 1 - PART 2 - REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE  
ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

	1	Total	Insurance					7	8
			2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
<b>REFUNDS APPLIED (included in Part 1)</b>									
21. To pay renewal premiums		.0	0	0	0	0	.0	0	0
22. All other		.0	0	0	0	0	.0	0	0
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>									
23. First year (other than single):									
23.1 Reinsurance ceded		.0	0	0	0	0	.0	0	0
23.2 Reinsurance assumed		.0	0	0	0	0	.0	0	0
23.3 Net ceded less assumed		.0	0	0	0	0	.0	0	0
24. Single:									
24.1 Reinsurance ceded		.0	0	0	0	0	.0	0	0
24.2 Reinsurance assumed		.0	0	0	0	0	.0	0	0
24.3 Net ceded less assumed		.0	0	0	0	0	.0	0	0
25. Renewal:									
25.1 Reinsurance ceded		.3,965,876	.104,571	.1,939	.3,859,366	.0	.3,965,876	0	0
25.2 Reinsurance assumed		.0	0	0	0	0	.0	0	0
25.3 Net ceded less assumed		.3,965,876	.104,571	.1,939	.3,859,366	.0	.3,965,876	0	0
26. Totals:									
26.1 Reinsurance ceded (Page 6, Line 6)		.3,965,876	.104,571	.1,939	.3,859,366	.0	.3,965,876	0	0
26.2 Reinsurance assumed		.0	0	0	0	0	.0	0	0
26.3 Net ceded less assumed		.3,965,876	.104,571	.1,939	.3,859,366	.0	.3,965,876	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>									
27. First year (other than single)		.1,044,970	.5,729	.0	.1,039,241	.0	.1,044,970	0	0
28. Single		.1,776	.1,776	.0	.0	.0	.1,776	0	0
29. Renewal		.1,993,382	.47,747	.0	.1,945,635	.0	.1,993,382	0	0
30. Deposit-type contract funds		.0	0	0	0	0	.0	0	0
31. Totals (to agree with Page 6, Line 19)		.3,040,128	.55,252	.0	.2,984,876	.0	.3,040,128	0	0

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**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance				5	6	7			
	1	Accident and Health		4 Aggregate of All Other Lines of Business						
		2 Life	3 Containment							
1. Rent.....	19,261	0	369,305	0	0	40,000	428,566			
2. Salaries and wages.....	132,213	0	2,535,033	0	8,000	318,670	2,993,916			
3.11 Insured benefit plans for employees.....	20,419	0	391,520	0	0	56,866	468,805			
3.12 Insured benefit plans for fieldworkers.....	0	0	0	0	0	0	0			
3.21 Uninsured benefit plans for employees.....	0	0	0	0	0	0	0			
3.22 Uninsured benefit plans for fieldworkers.....	0	0	0	0	0	0	0			
3.31 Other employee welfare.....	8,969	0	171,968	0	0	1,488	182,425			
3.32 Other fieldworker welfare.....	0	0	0	0	0	0	0			
4.1 Legal fees and expenses.....	8,418	0	161,400	0	0	0	169,818			
4.2 Medical examination fees.....	616	0	11,817	0	0	0	12,433			
4.3 Inspection report fees.....	1,256	0	24,079	0	0	0	25,335			
4.4 Fees of public accountants and consulting actuaries.....	29,368	0	563,104	0	0	0	592,472			
4.5 Expense of investigation and settlement of certificate claims.....	0	0	0	0	0	0	0			
5.1 Traveling expenses.....	1,459	0	27,979	0	0	44,826	74,264			
5.2 Advertising.....	0	0	0	0	0	0	0			
5.3 Postage, express, telegraph and telephone.....	16,008	0	306,937	0	0	3,411	326,356			
5.4 Printing and stationery.....	2,641	0	50,645	0	0	426	53,712			
5.5 Cost or depreciation of furniture and equipment.....	533	0	10,222	0	0	0	10,755			
5.6 Rental of equipment.....	25,801	0	494,712	0	0	0	520,513			
5.7 Cost or depreciation of EDP equipment and software.....	4,884	0	93,637	0	0	0	98,521			
5.8 Lodge supplies less \$.....0 from sales.....	0	0	0	0	0	14,216	14,216			
6.1 Books and periodicals.....	0	0	0	0	0	0	0			
6.2 Bureau and association dues.....	2,402	0	46,065	0	0	1,590	50,057			
6.3 Insurance, except on real estate.....	4,504	0	86,361	0	0	0	90,865			
6.4 Miscellaneous losses.....	0	0	0	0	0	0	0			
6.5 Collection and bank service charges.....	1,831	0	35,103	0	0	0	36,934			
6.6 Sundry general expenses.....	40	0	765	0	0	0	805			
7.1 Field expense allowance.....	0	0	0	0	0	0	0			
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....	0	0	0	0	0	0	0			
7.3 Field conferences other than local meetings.....	0	0	0	0	0	0	0			
8.1 Official publications.....	0	0	0	0	0	39,373	39,373			
8.2 Expense of supreme lodge meetings.....	0	0	0	0	0	155,735	155,735			
9.1 Real estate expenses.....	984	0	18,876	0	0	0	19,860			
9.2 Investment expenses not included elsewhere.....	0	0	0	0	0	0	58,911			
9.3 Aggregate write-ins for expenses.....	60,824	0	1,166,219	0	0	85,816	1,312,859			
10. General expenses incurred.....	342,431	0	6,565,747	0	66,911	(a) 762,417	(b) 7,737,507			
11. General expenses unpaid December 31, prior year.....	18,813	0	444,457	0	4,919	57,423	525,612			
12. General expenses unpaid December 31, current year.....	36,943	0	708,343	0	7,219	82,253	834,758			
13. General expenses paid during year (Lines 10 + 11 - 12).....	324,302	0	6,301,860	0	64,611	737,588	7,428,361			

**DETAILS OF WRITE-INS**

09.301	Board Expenses.....	5,455	0	104,591	0	0	0	110,046
09.302	Professional Fees.....	7,775	0	149,072	0	0	0	156,847
09.303	Membership Promotions.....	0	0	0	0	0	34,780	34,780
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	47,594	0	912,556	0	0	51,036	1,011,186
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	60,824	0	1,166,219	0	0	85,816	1,312,859

(a) Show the distribution of this amount in the following categories:

1. Charitable \$.....50,648; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0

5. Religious \$.....0; 6. Membership \$....74,154; 7. Other \$....637,615; 8. Total \$....762,417

(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT 3 - TAXES, LICENSES AND FEES**

	Insurance			4	5	6
	1	2	3			
	Life	Accident and Health	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1. Real estate taxes.....	0	0	0	0	0	0
2. State insurance department licenses and fees.....	3,794	72,739	0	0	0	76,533
3. Other state taxes, including \$.....0 for employee benefits.....	1,118	21,432	0	0	0	22,550
4. U.S. Social Security taxes.....	9,956	190,901	0	0	25,012	225,869
5. All other taxes.....	0	0	0	0	0	0
6. Taxes, licenses and fees Incurred.....	14,868	285,072	0	0	25,012	324,952
7. Taxes, licenses and fees unpaid December 31, prior year.....	880	20,800	0	0	2,687	24,368
8. Taxes, licenses and fees unpaid December 31, current year.....	1,248	23,928	0	0	2,099	27,275
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	14,500	281,944	0	0	25,600	322,045

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

	1	2
	Life	Accident and Health
1. Applied to pay renewal premiums.....	0	0
2. Applied to shorten the endowment or premium-paying period.....	0	0
3. Applied to provide paid-up additions.....	0	0
4. Applied to provide paid-up annuities.....	0	0
5. Total (Lines 1 to 4).....	0	0
6. Paid in cash.....	0	0
7. Left on deposit.....	0	0
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	0	0
10. Amount due and unpaid.....	0	0
11. Provision for dividends or refunds payable in the following calendar year.....	0	0
12. Terminal dividends.....	0	0
13. Provision for deferred dividend contracts.....	0	0
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....	0	0
15. Total (Line 10 through Line 14).....	0	0
16. Total from prior year.....	0	0
17. Total dividends or refunds (Line 9 + 15 - 16).....	0	0

**DETAILS OF WRITE-INS**

0801.	0	0
0802.	0	0
0803.	0	0
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Line 0801 through 0803 plus 0898) (Line 8 above).....	0	0

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**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1 Valuation Standard	2	3	4	5 Credit (Group and Individual)	6
	Total	Industrial	Ordinary	Group	
<b>Life Insurance:</b>					
0100001. A.E. 3.5% NLP ANB CRF.....	2,000	0	2,000	0	0
0100002. 41 CSO 2.5% CRVM ANB CRF.....	16,380	0	16,380	0	0
0100003. 41 CSO 2.5% NLP ANB CRF.....	47,508	0	47,508	0	0
0100004. 58 CSO 2.5% NJ ALB CFT.....	87,126	0	87,126	0	0
0100005. 58 CSO 2.5% NLP ALB CFT.....	42,251	0	42,251	0	0
0100006. 58 CET 2.5% NJ ALB CFT.....	5,383	0	5,383	0	0
0100007. 58 CSO ALB NL 4%.....	79,072	0	79,072	0	0
0100008. 80 CSO ALB CRVM 5.0%.....	148,301	0	148,301	0	0
0100009. 80 CSO ALB NL 5.0%.....	0	0	0	0	0
0100010. 80 CSO ALB CRVM 4.5%.....	7,147,382	0	7,147,382	0	0
0100011. 80 CSO ALB NL 4.5%.....	2,031,583	0	2,031,583	0	0
0100012. 80 CSO ALB CRVM 4.0%.....	329,522	0	329,522	0	0
0100013. 80 CSO ALB NL 4.0%.....	84,530	0	84,530	0	0
0100014. 01 CSO ALB CRVM 4.0%.....	122,546	0	122,546	0	0
0100015. 01 CSO ALB NL 4.0%.....	760,589	0	760,589	0	0
0100016. 01 CSO XXX 4.0%.....	66,047	0	66,047	0	0
0100017. 01 CSO ALB CRVM 3.5%.....	32,447	0	32,447	0	0
0100018. 01 CSO ALB NL 3.5%.....	217,841	0	217,841	0	0
0100019. 01 CSO XXX 3.5%.....	24,493	0	24,493	0	0
0199997. Totals (Gross).....	11,245,001	0	11,245,001	0	0
0199998. Reinsurance ceded.....	9,518,102	0	9,518,102	0	0
0199999. Totals (Net).....	1,726,899	0	1,726,899	0	0
<b>Annuities (excluding supplementary contracts with life contingencies):</b>					
0200001. Deferred (Net Premium Accumulation).....	3,123,419	XXX	3,123,419	XXX	0
0299997. Totals (Gross).....	3,123,419	XXX	3,123,419	XXX	0
0299998. Reinsurance ceded.....	2,289,931	XXX	2,289,931	XXX	0
0299999. Totals (Net).....	833,488	XXX	833,488	XXX	0
<b>Accidental Death Benefits:</b>					
0400001. ADB.....	174	0	174	0	0
0499997. Totals (Gross).....	174	0	174	0	0
0499999. Totals (Net).....	174	0	174	0	0
<b>Disability - Active Lives:</b>					
0500001. WP-Active.....	734	0	734	0	0
0599997. Totals (Gross).....	734	0	734	0	0
0599999. Totals (Net).....	734	0	734	0	0
<b>Miscellaneous Reserves:</b>					
0700001. Deficiency Reserve.....	7,625	0	7,625	0	0
0700002. Non-Deduction Reserve.....	68,095	0	68,095	0	0
0700003. CV> Reserves.....	0	0	0	0	0
0700004. Immediate Payment of Claim Reserve.....	0	0	0	0	0
0700005. Substandard Reserve.....	181	0	181	0	0
0700006. Waiver of Premium.....	0	0	0	0	0
0700007. Add'l Reserve-Asset/Liability.....	0	0	0	0	0
0799997. Totals (Gross).....	75,901	0	75,901	0	0
0799998. Reinsurance ceded.....	56,381	0	56,381	0	0
0799999. Totals (Net).....	19,520	0	19,520	0	0
9999999. Totals (Net) - Page 3, Line 1.....	2,580,815	0	2,580,815	0	0

**The Order Of United Commercial Travelers Of America**  
**EXHIBIT 5 - INTERROGATORIES**

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [ ] No [ X ]

1.2 If not, state which kind is issued  
non-participating

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [ ] No [ X ]

2.2 If not, state which kind is issued  
non-participating

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes [ X ] No [ ]

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [ ] No [ X ]

4.1 Amount of insurance: \$.....0

4.2 Amount of reserve: \$.....0

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year: \$.....0

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [ ] No [ X ]

6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....0

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....0  
Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [ ] No [ X ]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....0

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business: \$.....0

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes [ ] No [ X ]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements. \$.....0

8.2 State the amount of reserves established for this business. \$.....0

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [ ] No [ X ]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. \$.....0

9.2 State the amount of reserves established for this business. \$.....0

9.3 Identify where the reserves are reported in the blank.

**EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR**

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

**NONE**

**EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS**

	1 Total	2 Collectively Renewable	Other Individual Contracts				
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
<b>ACTIVE LIFE RESERVE</b>							
1. Unearned premium reserves.....	2,320,399	0	17	2,202,625	0	117,702	55
2. Additional contract reserves (a).....	8,570,106	0	119	8,546,218	0	23,574	195
3. Additional actuarial reserves-Asset/Liability analysis.....	0	0	0	0	0	0	0
4. Reserve for future contingent benefits.....	0	0	0	0	0	0	0
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
6. Totals (Gross).....	10,890,505	0	136	10,748,843	0	141,276	250
7. Reinsurance ceded.....	9,928,639	0	0	9,928,639	0	0	0
8. Totals (Net).....	961,866	0	136	820,204	0	141,276	250

<b>CLAIM RESERVE</b>							
9. Present value of amounts not yet due on claims.....	0	0	0	0	0	0	0
10. Additional actuarial reserves-Asset/Liability analysis.....	0	0	0	0	0	0	0
11. Reserve for future contingent benefits.....	0	0	0	0	0	0	0
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0	0
14. Reinsurance ceded.....	0	0	0	0	0	0	0
15. Totals (Net).....	0	0	0	0	0	0	0
16. TOTAL (Net).....	961,866	0	136	820,204	0	141,276	250
17. TABULAR FUND INTEREST.....	36,552	0	5	31,168	0	5,369	10

<b>DETAILS OF WRITE-INS</b>							
0501.....	0	0	0	0	0	0	0
0502.....	0	0	0	0	0	0	0
0503.....	0	0	0	0	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503+0598) (Line 5 above)	0	0	0	0	0	0	0
1201.....	0	0	0	0	0	0	0
1202.....	0	0	0	0	0	0	0
1203.....	0	0	0	0	0	0	0
1298. Summary of remaining write-ins for Line 12 from overflow page.....	0	0	0	0	0	0	0
1299. Totals (Lines 1201 through 1203+1298) (Line 12 above)	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specify reserve bases, interest rates and method.

**EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS**

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	4,151	0	0	0	4,151	0
2. Deposits received during the year.....	18,192	0	18,192	0	0	0
3. Investment earnings credited to the account.....	366	0	179	0	187	0
4. Other net change in reserves.....	0	0	0	0	0	0
5. Fees and other charges assessed.....	0	0	0	0	0	0
6. Surrender charges.....	0	0	0	0	0	0
7. Net surrender or withdrawal payments.....	1,005	0	1,005	0	0	0
8. Other net transfers to or (from) Separate Accounts.....	0	0	0	0	0	0
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	21,704	0	17,366	0	4,338	0
10. Reinsurance balance at the beginning of the year.....	0	0	0	0	0	0
11. Net change in reinsurance assumed.....	0	0	0	0	0	0
12. Net change in reinsurance ceded.....	0	0	0	0	0	0
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13).....	21,704	0	17,366	0	4,338	0

**EXHIBIT 8 - PART 1 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	0	0	0	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0	0	0	0	0	0	0	0	0	0	0
2.12 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.13 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.14 Net.....	0	0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0
2.2 Other:											
2.21 Direct.....	94,089	0	94,089	0	0	0	0	0	0	0	0
2.22 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.23 Reinsurance ceded.....	77,444	0	77,444	0	0	0	0	0	0	0	0
2.24 Net.....	16,645	0	(b).....16,645	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	4,060,149	0	103,940	0	0	0	0	0	0	0	3,956,209
3.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded.....	3,029,958	0	87,272	0	0	0	0	0	0	0	2,942,686
3.4 Net.....	1,030,191	0	(b).....16,668	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....1,013,523
4. Totals:											
4.1 Direct.....	4,154,238	0	198,029	0	0	0	0	0	0	0	3,956,209
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	3,107,402	0	164,716	0	0	0	0	0	0	0	2,942,686
4.4 Net.....	1,046,836	(a).....0	(a).....33,313	0	0	0	(a).....0	0	0	0	1,013,523

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0.

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

**EXHIBIT 8 - PART 2 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	36,176,813	0	2,320,681	98,642	0	0	0	0	0	0	33,757,490
1.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded.....	27,155,869	0	1,604,404	54,230	0	0	0	0	0	0	25,497,235
1.4 Net.....	(d) 9,020,944	0	716,277	44,412	0	0	0	0	0	0	8,260,255
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	4,154,238	0	198,029	0	0	0	0	0	0	0	3,956,209
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	3,107,402	0	164,716	0	0	0	0	0	0	0	2,942,686
2.4 Net.....	1,046,836	0	33,313	0	0	0	0	0	0	0	1,013,523
3. Amounts recoverable from reinsurers Dec. 31, current year.....	358,268	0	342,319	15,949	0	0	0	0	0	0	0
4. Liability December 31, prior year:											
4.1 Direct.....	4,578,899	0	179,003	0	0	0	0	0	0	0	4,399,896
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	3,404,622	0	162,496	0	0	0	0	0	0	0	3,242,126
4.4 Net.....	1,174,277	0	16,507	0	0	0	0	0	0	0	1,157,770
5. Amounts recoverable from reinsurers December 31, prior year.....	462,204	0	299,418	162,786	0	0	0	0	0	0	0
6. Incurred benefits:											
6.1 Direct.....	35,752,152	0	2,339,707	98,642	0	0	0	0	0	0	33,313,803
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	26,754,713	0	1,649,525	(92,607)	0	0	0	0	0	0	25,197,795
6.4 Net.....	8,997,439	0	690,182	191,249	0	0	0	0	0	0	8,116,008

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

**The Order Of United Commercial Travelers Of America**  
**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0	0	0
2.2 Common stocks.....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale.....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans.....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities.....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued.....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0
20. Electronic data processing equipment and software.....	152,803	169,060	16,257
21. Furniture and equipment, including health care delivery assets.....	31,816	42,574	10,758
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets.....	674,636	690,026	15,390
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	859,255	901,661	42,406
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. TOTALS (Lines 26 and 27).....	859,255	901,661	42,406

**DETAILS OF WRITE-INS**

1101.....	0	0	0
1102.....	0	0	0
1103.....	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Other Assets Nonadmitted.....	461,986	307,819	(154,167)
2502. Commission Advances.....	117,756	285,770	168,014
2503. Supply Inventory.....	94,894	96,437	1,543
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	674,636	690,026	15,390

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of The Order of United Commercial Travelers of America (UCT) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 2018, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. UCT has no transactions that fall outside the NAIC's practices and procedures.

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 31, Columns 1 & 2)	XXX	XXX	XXX	\$ (829,735)	\$ (194,253)
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (829,735)	\$ (194,253)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 30, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,254,050	\$ 9,213,236
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 8,254,050	\$ 9,213,236

**B. Use of Estimates in the Preparation of the Financial Statement**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

Life premiums are recognized as income over the premium paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The company has no dividend paying life insurance policies.

- (1) Basis for Short-Term Investments  
Short-term investments are stated at amortized cost.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method  
Bonds not backed by other loans are stated at amortized cost using the scientific-to-worst amortization method.
- (3) Basis for Common Stocks  
The Company has no common stock.
- (4) Basis for Preferred Stocks  
The Company has no preferred stock.
- (5) Basis for Mortgage Loans  
The Company has no mortgage loans.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology  
Bonds backed by other loans are stated at amortized cost using the scientific-to-worst amortization method.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities  
The Company has no material investment or transactions with subsidiaries, controlled or affiliate entities.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities  
The Company has no interests in joint ventures, partnerships or limited liability companies that exceed 10% of admitted assets.
- (9) Accounting Policies for Derivatives  
The Company has no derivatives.
- (10) Anticipated Investment Income Used in Premiums Deficiency Calculation  
The Company has no individual Accident and Health contracts for which a deficiency reserve is required.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts  
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes that amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

**NOTES TO FINANCIAL STATEMENTS**

## (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Company has not modified its capitalization policy from the prior period.

## (13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Company does not have pharmaceutical rebate receivables.

D. Going Concern  
N/A**Note 2 – Accounting Changes and Correction of Errors**

The company does not have any changes or corrections of errors.

**Note 3 – Business Combinations and Goodwill**

## A. Statutory Purchase Method - None

B. Statutory Merger  
NoneC. Assumption Reinsurance  

In December of 2010, the Company assumed 100% of all assets and liabilities of National Masonic Provident Association, NAIC Company Code 66702. The balance in the deferred income account at December 31, 2018 was \$59,352. \$59,351 was recognized in 2018.

D. Impairment Loss  
None**Note 4 – Discontinued Operations**

## A. Discontinued Operation Disposed of or Classified as Held for Sale

## (1) List of Discontinued Operations Disposed of or Classified as Held for Sale

Discontinued Operation Identifier	Description of Discontinued Operation
1	Discontinuation of Benefits in Canada

## (2) Description of the Facts and Circumstances Leading to the Disposal or Expected Disposal and a Description of the Expected Manner and Timing of that Disposal

In 2018, the Order made the decision to exit the insurance business in Canada. The decision was made as a result of a lack of membership growth in Canada as well as the costs to implement changes resulting from IFRS 17 in the coming years. The Order communicated its plans with OSFI and began working on a payout for each policyholder. The payout amounts were determined by an independent actuary for policies in force as of July 1, 2018 and were based on the type of policy, length of policy in force, and various other factors. The payouts in Canada had a large impact on Claims, Policy Reserves, General Expenses, Bonds, and Surplus.

The Order had policies considered both cancelable and non-cancelable. All 2,168 cancelable policies were cancelled by November 30, 2018 and checks were issued at the end of October, 2018. Non-cancelable policies require a consent form be signed and returned before the policy is cancelled by the Order. These consent forms were mailed at the end of November. Once the signed consent form is received by the Company, a check is issued to the policyowner in the amount shown on the consent form. At the end of 2018, 492 of the 814 consent forms had been signed and returned. The Company is working to have all of the remaining consent forms signed and returned in 2019.

## (3) Loss Recognized on Discontinued Operations

Discontinued Operation Identifier	Amount for Reporting Period	Cumulative Amount Since Classified as Held for Sale
1	\$ (640,256)	\$ (640,256)

## (4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income

## a. Carrying Amount of Discontinued Operations

Discontinued Operation Identifier	Carrying Amount Immediately Prior to Classification as Held for Sale	Current Fair Value Less Costs to Sell
1	\$ 2,428,407	\$ 1,788,151

## b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

	Discontinued Operation Identifier	Line Number	Line Description	Amount Attributable to Discontinued Operations
<b>1. Assets</b>				
	1	1	Bonds (Schedule D)	\$ (951,879)
	1	5	Cash	\$ 178,019
<b>2. Liabilities</b>				
	1	1	Aggregate Reserve for Life Contracts	\$ (456,439)
	1	2	Aggregate Reserve for Accident and Health Contracts	\$ (54,827)
	1	4	Contract Claims - Life	\$ 8,359
	1	4	General Expenses - A&H	\$ (16,764)
	1	11	General Expenses	\$ 270,687

**NOTES TO FINANCIAL STATEMENTS**

	Discontinued Operation Identifier	Line Number	Line Description	Amount Attributable to Discontinued Operations
<b>3. Surplus</b>				
	1	29	Unassigned Funds	\$ (640,256)
<b>4. Income</b>				
	1	1	Payout Amounts (Claims)	\$ (937,588)
	1	2	Decrease in Reserves (Policy and Claim Reserves)	\$ 551,400
	1	3	Capital Gains	\$ 123,125
	1	4	General Expenses (Actuarial Fees, Legal Fees, Postage, etc.)	\$ (116,446)
	1	5	Canada Discontinuation	\$ (243,942)
	1	6	Fraternal Expenses (Membership Promotions)	\$ (16,805)

In summary, the discontinuation of benefits in summary had a \$640,256 impact on surplus in 2018. Assets were reduced by \$889,240 and liabilities were reduced by \$248,984. In this total, the Order has accrued \$243,942 for expenses to be incurred in 2019 relating to the discontinuation of benefits in Canada and for the remaining payouts of the non-cancelable policies. The \$248,984 is shown on Exhibit 2 as "Canada Discontinuation."

- B. Change in Plan of Sale of Discontinued Operation
- C. Nature of any Significant Continuing Involvement with Discontinued Operations After Disposal
- D. Equity Interest Retained in the Discontinued Operation After Disposal

**Note 5 – Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans - **None**
- B. Debt Restructuring - **None**
- C. Reverse Mortgages - **None**
- D. Loan-Backed Securities
  - (1) Description of Sources Used to Determine Prepayment Assumptions  
Prepayment assumptions for loan-backed securities are obtained from Bloomberg.
  - (2) Securities with Recognized Other-Than-Temporary Impairment – **None**
  - (3) Recognized OTTI securities – **None**
  - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ (1,866)
	2. 12 Months or Longer	\$ (34,408)
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 247,230
	2. 12 Months or Longer	\$ 1,642,037

- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary  
The Company has an "Other Than Temporary Impaired" policy in place that utilizes industry information, investment managers' expertise and rating agencies to identify securities that may be other than temporarily impaired.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - **None**
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - **None**
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions - **None**
- H. Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Taker – Overview of Sale Transactions - **None**
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Provider – Overview of Sale Transactions - **None**
- J. Real Estate - The Company does not own any real estate.
- K. Low-Income Housing Tax Credits (LIHTC) - **None**

**NOTES TO FINANCIAL STATEMENTS****L. Restricted Assets****(1) Restricted Assets (Including Pledged)**

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted					Current Year Percentage					
	Current Year		Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	6 Total From Prior Year	7 Increase/(Decrease) (5 minus 6)	8 Total Nonadmitted Restricted	9 Total Admitted Restricted (5 minus 8)	10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)									
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0%	0.0%
b. Collateral held under security lending arrangements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
c. Subject to repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
d. Subject to reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
e. Subject to dollar repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
g. Placed under option contracts	0	0	0	0	0	0	0	0	0	0.0%	0.0%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0	0	0	0	0.0%	0.0%
i. FHLB capital stock	0	0	0	0	0	0	0	0	0	0.0%	0.0%
j. On deposit with states	625,547	0	0	0	625,547	626,291	(744)	0	625,547	3.8%	4.1%
k. On deposit with other regulatory bodies	1,550,524	0	0	0	1,550,524	3,113,460	(1,562,936)	0	1,550,524	9.5%	10.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0	0	0	0	0.0%	0.0%
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0	0	0	0	0.0%	0.0%
n. Other restricted assets	0	0	0	0	0	0	0	0	0	0.0%	0.0%
<b>o. Total Restricted Assets</b>	<b>\$ 2,176,071</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 2,176,071</b>	<b>\$ 3,739,751</b>	<b>\$ (1,563,680)</b>	<b>\$ 0</b>	<b>\$ 2,176,071</b>	<b>13.4%</b>	<b>14.1%</b>

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

**(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)**

Description of Assets	Gross (Admitted & Nonadmitted) Restricted					Current Year					8 Total Current Year Admitted Restricted	Percentage	
	Current Year		Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	6 Total From Prior Year	7 Increase/(Decrease) (5 minus 6)	9 Gross (Admitted & Nonadmitted) Restricted to Total Assets	10 Admitted Restricted to Total Admitted Assets				
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)											
<b>Total (c)</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>0.0%</b>	<b>0.0%</b>	

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5L(1)m Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)m Columns 9 through 11 respectively.

**(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)**

Description of Assets	Gross (Admitted & Nonadmitted) Restricted					Current Year					8 Total Current Year Admitted Restricted	Percentage	
	Current Year		Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	6 Total From Prior Year	7 Increase/(Decrease) (5 minus 6)	9 Gross (Admitted & Nonadmitted) Restricted to Total Assets	10 Admitted Restricted to Total Admitted Assets				
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)											
<b>Total (c)</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>0.0%</b>	<b>0.0%</b>	

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5L(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)n Columns 9 through 11 respectively.

**(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - **None******M. Working Capital Finance Investments - **None******N. Offsetting and Netting of Assets and Liabilities - **None******O. Structured Notes - **None****

**NOTES TO FINANCIAL STATEMENTS**

P. 5GI Securities - **None**

Q. Short Sales - **None**

R. Prepayment Penalty and Acceleration Fees

	General Account	Separate Account
(1) Number of CUSIPs	2	0
(2) Aggregate Amount of Investment Income	\$ 2,767	\$ 0

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership  
The Company has no investments in joint ventures, partnerships or limited liability companies that exceed 10% of its admitted assets.

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies  
N/A

**Note 7 – Investment Income**

A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:  
There was no investment income due and accrued over 90 days past due requiring exclusion from the financial statements.

B. The total amount excluded:  
N/A

**Note 8 – Derivative Instruments**

The Company does not invest in any derivative instruments.

**Note 9 – Income Taxes**

The Company is an Internal Revenue Code Section 501(c)(8) non-profit corporation and is not required to calculate or pay Federal or State Income Tax.

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

There are no transactions of a material nature to report.

**Note 11 – Debt**

A. Debt Including Capital Notes  
The Company does not have any outstanding debt obligations.

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A. Defined Benefit Plan - **None**

E. Defined Contribution Plans

The company sponsors a qualified defined contribution plan (401K Profit Sharing Plan) that covers all eligible U.S. employees. Eligible Canadian employees participate in Individual RRSP accounts in Canada.

The Company provides a 401K match of 100% up to 3% and 50% from 3.1% to 5% of defined compensation. The Company's contribution for the plan was \$99,804 and \$97,502 for 2018 and 2017, respectively. The Company did not make a voluntary pension contribution for 2018. At December 31, 2018, the fair value of plan assets was \$4,633,178. The Company paid RRSP contributions of \$3,016 in 2018.

H. Postemployment Benefits and Compensated Absences

The Company does not have any postemployment benefit arrangements.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - **N/A**

**Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

The Company is a Fraternal Benefit Society and does not issue or maintain any type of stock.

The company has not participated in any surplus note transactions.

**Note 14 – Liabilities, Contingencies and Assessments**

A. Contingent Commitments

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$0.

(2) Detail of other contingent commitments - **None**

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Total SSAP 97 and SSAP 48 Contingent Liabilities - **None**

**NOTES TO FINANCIAL STATEMENTS****Note 15 – Leases**

## A. Lessee Operating Lease

## (1) Lessee's Leasing Arrangements

## a. Rental Expense

The Company leases equipment under various non-cancelable operating lease agreements that expire through September 2023. Rental expense for 2018 and 2017 was approximately \$169,011 and \$174,509, respectively.

The Company leases real estate under non-cancelable operating lease agreements that expire through July 2022. Rental expense for 2018 and 2017 was approximately \$428,703 and \$455,023, respectively.

## (2) Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year

## a. At December 31, 2018 the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2019	\$ 381,511
2. 2020	\$ 386,254
3. 2021	\$ 380,269
4. 2022	\$ 221,724
5. 2023	\$ 7,987
6. Total	\$ 1,377,744

## (3) For Sale-Leaseback Transactions

B. Lessor Leases - **N/A****Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

The Company does not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk.

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**A. Transfers of Receivables Reported as Sales - **None**B. Transfer and Servicing of Financial Assets - **N/A**C. Wash Sales - **None****Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**A. ASO Plans - **N/A**B. ASC Plans - **N/A**C. Medicare or Similarly Structured Cost Based Reimbursement Contract - **N/A****Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

The Company did not receive any direct premium written through managing general agents or third party administrators.

**Note 20 – Fair Value Measurements**

## A. Fair Value Measurements - The Company holds bonds at amortized cost.

**Note 21 – Other Items**

## A. Unusual or Infrequent Items

See Note 4 - Discontinued Operations

B. Troubled Debt Restructuring Debtors - **N/A**C. Other Disclosures - **N/A**D. Business Interruption Insurance Recoveries - **N/A**E. State Transferable and Non-Transferable Tax Credits - **N/A**F. Subprime Mortgage Related Risk Exposure - **N/A**G. Retained Assets - **N/A****Note 22 – Events Subsequent**

The Company has no subsequent events to report.

## A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes [ ] No [ X ]

**NOTES TO FINANCIAL STATEMENTS**

		2018	2017
B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid		
D.	Premium written subject to ACA 9010 assessment		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 17)	\$	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 17 minus 22B above)	\$	
G.	Authorized control level	\$	
H.	Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level (YES/NO)?		Yes [ ] No [ X ]

**Note 23 – Reinsurance**

## A. Ceded Reinsurance Report

**Section1 – General Interrogatories**

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [ ] No [ X ]  
If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [ ] No [ X ]  
If yes, give full details.

**Section 2 – Ceded Reinsurance Report – Part A**

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [ ] No [ X ]  
a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$  
b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [ ] No [ X ]  
If yes, give full details.

**Section 3 – Ceded Reinsurance Report – Part B**

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [ ] No [ X ]  
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

## B. Uncollectible Reinsurance

(1) The Company has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$0

## C. Commutation of Ceded Reinsurance

The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as: None

## D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation - **None**  
(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation - **None**

E. Reinsurance of variable annuity contracts/certificates with an affiliated captive reinsurer - **None**F. Reinsurance Agreement with Affiliated Captive Reinsurer - **None**G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework - **None****Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

## E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions  
Yes [ ] No [ X ]

**NOTES TO FINANCIAL STATEMENTS****Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

## A. Change in Incurred Losses and Loss Adjustment Expenses

The Company did not have any changes in the provision for incurred loss or loss adjustment expenses.

**Note 26 – Intercompany Pooling Arrangements**

The Company does not have any intercompany pooling agreements.

**Note 27 – Structured Settlements**

The Company does not have any structured settlements.

**Note 28 – Health Care Receivables**

## A. Pharmaceutical Reate Receivables

The Company does not have any Health Care receivables.

**Note 29 – Participating Policies**

The Company does not have any participating policies.

**Note 30 – Premium Deficiency Reserves**

1.	Liability carried for premium deficiency reserve:	<u>\$0</u>
2.	Date of most recent evaluation of this liability:	<u>December 31, 2018</u>
3.	Was anticipated investment income utilized in the calculation?	Yes [ ] No [ X ]

**Note 31 – Reserves for Life Contracts and Annuity Contracts**

## (1) Reserve Practices

The Company waives deductions of deferred fractional premiums upon death of insured and returns any portion beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.

## (2) Valuation of Substandard Policies

The company issued no substandard business prior to January 1, 1993. Policies issued after January 1, 1993, for substandard lives, are charged an extra premium plus the regular premium for the true age. Mean reserves are based on appropriate multiples of standard rates of mortality.

## (3) Amount of Insurance Where Gross Premiums are Less than the Net Premiums

The company has \$1,113,327 of insurance in force for which the gross premiums are less than the net premiums with a deficiency reserve of \$7,625.

## (4) Method Used to Determine Tabular Interest, Reserves Released, and Cost

The Tabular Interest (Page 7, Line 4) has been determined by formula as described in the instruction for Page 7 (or, alternatively, from the basic data for the calculation of policy reserves). The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instruction for Page 7 (or, alternatively, from the basic data for the calculation of reserves and the actual reserves released). The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7 (or, alternative, from the basic data for calculation of policy reserves).

## (5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies

For determination of Tabular Interest on funds not involving life contingencies under Exhibit 7, for each valuation rate of interest the tabular interest is calculated monthly as the product of the mean amount of funds times the valuation rate of 4.0%.

## (6) Details for Other Changes - None

**NOTES TO FINANCIAL STATEMENTS****Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics**

	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
A. Subject to Discretionary Withdrawal:					
(1) With market value adjustment	\$ 0	\$ 0	\$ 0	\$ 0	0.0%
(2) At book value less current surrender charge of 5% or more	0	0	0	0	0.0%
(3) At fair value	0	0	0	0	0.0%
(4) Total with market value adjustment or at fair value (total of 1 through 3)	\$ 0	\$ 0	\$ 0	\$ 0	0.0%
(5) At book value without adjustment (minimal or no charge or adjustment)	3,123,419	0	0	3,123,419	100.0%
B. Not subject to discretionary withdrawal	0	0	0	0	0.0%
C. Total (gross: direct + assumed)	3,123,419	0	0	3,123,419	100.0%
D. Reinsurance ceded	2,289,931	0	0	2,289,931	
E. Total (net) (C) - (D)	\$ 833,488	\$ 0	\$ 0	\$ 833,488	

## F. Life and Accident &amp; Health Annual Statement:

(1) Exhibit 5, Annuities section, Total (net)	\$ 833,488
(2) Exhibit 5, Supplementary contracts with life contingencies section, Total (net)	0
(3) Exhibit 7, Deposit-type contracts, Line 14, Column 1	21,704
(4) Subtotal	\$ 855,192
Separate Accounts Statement:	
(5) Exhibit 3, Line 0299999, Column 2	\$ 0
(6) Exhibit 3, Line 0399999, Column 2	0
(7) Policyholder dividend and coupon accumulations	0
(8) Policyholder premiums	0
(9) Guaranteed interest contracts	0
(10) Other contract deposit funds	0
(11) Subtotal	\$ 0
(12) Combined Total	\$ 855,192

**Note 33 – Premium and Annuity Considerations Deferred and Uncollected**

## A. Deferred and uncollected life insurance premiums and annuity considerations as of end of December 31, 2018 were:

	Gross	Net of Loading
(1) Industrial	\$ 0	\$ 0
(2) Ordinary new business	2,358	777
(3) Ordinary renewal	63,497	71,850
(4) Credit life	0	0
(5) Group life	0	0
(6) Group annuity	0	0
(7) Totals	\$ 65,855	\$ 72,627

**Note 34 – Separate Accounts**

The Company does not have any separate accounts.

**Note 35 – Loss/Claim Adjustment Expenses**

The balance in the liability for unpaid accident and health claim adjustment expenses as of December 31, 2018 and December 31, 2017 was \$18,342 and \$20,782, respectively.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [X]  No [ ]

1.2 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [X]  No [ ]  N/A [ ]

1.3 State regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of publicly traded group?  Yes [ ]  No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [X]  No [ ]

2.2 If yes, date of change: 07/04/2018

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/20/2016

3.4 By what department or departments? Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?  Yes [ ]  No [ ]  N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ]  No [X]  N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?  Yes [ ]  No [X]

4.12 renewals?  Yes [ ]  No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?  Yes [ ]  No [X]

4.22 renewals?  Yes [ ]  No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]

If the answer is YES, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		0

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  Yes [ ]  No [X]

7.2 If yes,

7.21 State the percentage of foreign control 0.0%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes [ ]  No [X]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? BKD, 312 Walnut Street, Suite 3000, Cincinnati, Ohio 45202

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes [ ]  No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  Yes [ ]  No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  Yes [X]  No [ ]  N/A [ ]

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Jeffrey Lee Smith, MAAA, FCA; Consulting Actuary; Diamond Consulting Group; 1335 Dublin Rd. Suite 209B; Columbus, OH 43215

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company	
12.12 Number of parcels involved	
12.13 Total book/adjusted carrying value	\$ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
0			\$ 0

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$ 0
20.12 To stockholders not officers	\$ 0
20.13 Trustees, supreme or grand (Fraternal only)	\$ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$ 0
20.22 To stockholders not officers	\$ 0
20.23 Trustees, supreme or grand (Fraternal only)	\$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	\$ 0
21.22 Borrowed from others	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No [ ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	\$ 176
22.22 Amount paid as expenses	\$ 0
22.23 Other amounts paid	\$ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****INVESTMENT**

24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes [ ]	No [ X ]
24.02	If no, give full and complete information, relating thereto:		
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).		
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes [ ]	No [ ]
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$	0
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$	0
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [ ]	No [ ]
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [ ]	No [ ]
24.09.	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [ ]	No [ ]
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:		
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
24.103	Total payable for securities lending reported on the liability page:	\$	0
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes [ X ]	No [ ]
25.2	If yes, state the amount thereof at December 31 of the current year:		
25.21	Subject to repurchase agreements	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	0
25.28	On deposit with states	\$	625,547
25.29	On deposit with other regulatory bodies	\$	1,550,524
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
25.32	Other	\$	0
25.3	For category (25.26) provide the following:		
	1 Nature of Restriction	2 Description	3 Amount
			\$ 0
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [ ]	No [ X ]
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes [ ]	No [ ]
26.2	N/A [ X ]		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [ ]	No [ X ]
27.2	If yes, state the amount thereof at December 31 of the current year:	\$	0
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes [ ]	No [ X ]
28.01	For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:		
	1 Name of Custodian(s)	2 Custodian's Address	3 Amount
	US Bank National Association	1555 N Riber Center Dr Ste 302; Milwaukee, WI 53212	\$ 0
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation		
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)
	Scotiabank	Exchange Tower, 130 King St West, 20th Floor; Toronto, ON M5X 1K1	Canadian investments are in compliance with OSFI.
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes [ ]	No [ X ]
28.04	If yes, give full and complete information relating thereto:		
	1 Old Custodian	2 New Custodian	3 Date of Change
			4 Reason
28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].		
	1 Name of Firm or Individual	2 Affiliation	3 U
	Prime Advisors Inc.		U

**The Order Of United Commercial Travelers Of America****GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [X] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [X] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	
107680	Victor Harned, Prime Advisors, Inc.		SEC	No

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$ 0
29.2999 TOTAL		\$ 0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		
		\$ 0	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 13,314,482	\$ 13,366,656	\$ 52,174
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 13,314,482	\$ 13,366,656	\$ 52,174

30.4 Describe the sources or methods utilized in determining the fair values:

Trust Statements

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ ] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No [ ]

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [ ] No [X]

**OTHER**

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 22,900

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
AMBEST	\$ 20,400

36.1 Amount of payments for legal expenses, if any?

\$ 121,191

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Ice Miller, LLP	\$ 101,700

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ 0

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

**GENERAL INTERROGATORIES****PART 2 – FRATERNAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [X] No [ ]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 38,833,398
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0
1.31	Reason for excluding:	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ 27,493,499
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ 218,649
1.62	Total incurred claims	\$ 179,945
1.63	Number of covered lives	\$ 230
	All years prior to most current three years:	
1.64	Total premium earned	\$ 38,614,749
1.65	Total incurred claims	\$ 27,313,554
1.66	Number of covered lives	\$ 9,288
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$ 0
1.72	Total incurred claims	\$ 0
1.73	Number of covered lives	\$ 0
	All years prior to most current three years:	
1.74	Total premium earned	\$ 0
1.75	Total incurred claims	\$ 0
1.76	Number of covered lives	\$ 0
2.1	Does the reporting entity have Separate Accounts?	Yes [ ] No [X]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [ ] No [ ] N/A[X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$ 0
2.4	State the authority under which Separate Accounts are maintained:	
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [ ] No [X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [ ] No [X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"	\$ 0
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [X] No [ ]
4.	How often are meetings of the subordinate branches required to be held?	
	<u>Monthly</u>	
5.	How are the subordinate branches represented in the supreme or governing body?	
	<u>Subordinate councils elect representatives to the Regional Council. The Regional Council elects representatives to the international governing body.</u>	
6.	What is the basis of representation in the governing body?	
	<u>One representative for each 750 members or fraction thereof in a Regional Council.</u>	
7.1	How often are regular meetings of the governing body held?	
	<u>Annually</u>	
7.2	When was the last regular meeting of the governing body held?	July 2-5, 2018
7.3	When and where will the next regular or special meeting of the governing body be held?	
	<u>New Orleans, LA; June 29-July 2, 2019</u>	
7.4	How many members of the governing body attended the last regular meeting?	213
7.5	How many of the same were delegates of the subordinate branches?	107
8.	How are the expenses of the governing body defrayed?	
	<u>Reimbursed out of the general funds of the Order as authorized by the President.</u>	
9.	When and by whom are the officers and directors elected?	
	<u>The President, Secretary/Treasurer and Directors are elected by the membership. The CEO is appointed by the board. The CEO is responsible for hiring the senior management team.</u>	
10.	What are the qualifications for membership?	
	<u>Any person with good moral character, not under sixteen years of age, with an interest in good citizenship and community service.</u>	
11.	What are the limiting ages for admission?	
	<u>Minimum age of sixteen.</u>	
12.	What is the minimum and maximum insurance that may be issued on any one life?	
	<u>Minimum \$1,500; Maximum \$250,000 or amounts higher with approval of reinsurer.</u>	
13.	Is a medical examination required before issuing a benefit certificate to applicants?	Yes [X] No [ ]
14.	Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?	Yes [ ] No [X]
15.1	Are notices of the payments required sent to the members?	Yes [X] No [ ] N/A [ ]

**GENERAL INTERROGATORIES****PART 2 – FRATERNAL INTERROGATORIES**

15.2	If yes, do the notices state the purpose for which the money is to be used?	Yes [X] No [ ]																				
16.	What proportion of first and subsequent year's payments may be used for management expenses?																					
16.11	First Year	14.0%																				
16.12	Subsequent Years	9.0%																				
17.1	Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses?	Yes [ ] No [X]																				
17.2	If so, what amount and for what purpose?	\$ 0																				
18.1	Does the reporting entity pay an old age disability benefit?	Yes [ ] No [X]																				
18.2	If yes, at what age does the benefit commence?	0																				
19.1	Has the constitution or have the laws of the reporting entity been amended during the year?	Yes [X] No [ ]																				
19.2	If yes, when?	<u>July 4, 2018</u>																				
20.	Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time?	Yes [X] No [ ]																				
21.1	State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements?	Yes [ ] No [X]																				
21.2	If so, was an additional reserve included in Exhibit 5?	Yes [ ] No [ ] N/A [X]																				
21.3	If yes, explain																					
22.1	Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year?	Yes [ ] No [X]																				
22.2	If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds?	Yes [ ] No [ ] N/A [X]																				
23.	Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement?	Yes [ ] No [X]																				
24.	For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:																					
24.1	Amount of loss reserves established by these annuities during the current year:	\$ 0																				
24.2	List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50%;">1</th><th style="text-align: center; width: 50%;">2</th></tr> <tr> <th style="text-align: center;">P&amp;C Insurance Company and Location</th><th style="text-align: center;">Statement Value on Purchase Date of Annuities (i.e., Present Value)</th></tr> </thead> <tbody> <tr> <td></td><td style="text-align: center;">\$ 0</td></tr> </tbody> </table>	1	2	P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)		\$ 0															
1	2																					
P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)																					
	\$ 0																					
25.1	Do you act as a custodian for health savings accounts?	Yes [ ] No [X]																				
25.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$ 0																				
25.3	Do you act as an administrator for health savings accounts?	Yes [ ] No [X]																				
25.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$ 0																				
26.1	Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?	Yes [ ] No [X]																				
26.2	If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33%;">Date</th><th style="text-align: center; width: 33%;">Outstanding Lien Amount</th><th style="text-align: center; width: 33%;"></th></tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 0</td><td></td><td></td></tr> </tbody> </table>	Date	Outstanding Lien Amount		\$ 0																	
Date	Outstanding Lien Amount																					
\$ 0																						
27.1	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?	Yes [ ] No [ ] N/A [X]																				
27.2	If the answer to 27.1 is yes, please provide the following:																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: center; width: 25%;">1</th><th rowspan="2" style="text-align: center; width: 25%;">2</th><th rowspan="2" style="text-align: center; width: 25%;">3</th><th rowspan="2" style="text-align: center; width: 25%;">4</th><th colspan="3" style="text-align: center;">Assets Supporting Reserve Credit</th></tr> <tr> <th style="text-align: center;">NAIC Company Code</th><th style="text-align: center;">Domiciliary Jurisdiction</th><th style="text-align: center;">Reserve Credit</th><th style="text-align: center;">5 Letters of Credit</th><th style="text-align: center;">6 Trust Agreements</th><th style="text-align: center;">7 Other</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">Company Name</td><td style="text-align: center;">0</td><td></td><td style="text-align: center;">0</td><td style="text-align: center;">\$ 0</td><td style="text-align: center;">\$ 0</td><td style="text-align: center;">\$ 0</td></tr> </tbody> </table>	1	2	3	4	Assets Supporting Reserve Credit			NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	5 Letters of Credit	6 Trust Agreements	7 Other	Company Name	0		0	\$ 0	\$ 0	\$ 0	
1	2					3	4	Assets Supporting Reserve Credit														
		NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	5 Letters of Credit			6 Trust Agreements	7 Other													
Company Name	0		0	\$ 0	\$ 0	\$ 0																
28.	Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).																					
28.1	Direct Premiums Written	\$ 742,529																				
28.2	Total Incurred Claims	\$ 1,878,255																				
28.3	Number of Covered Lives	2,955																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">*Ordinary Life Insurance Includes</th></tr> </thead> <tbody> <tr> <td>Term (whether full underwriting, limited underwriting, jet issue, "short form app")</td></tr> <tr> <td>Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")</td></tr> <tr> <td>Variable Life (with or without secondary guarantee)</td></tr> <tr> <td>Universal Life (with or without secondary guarantee)</td></tr> <tr> <td>Variable Universal Life (with or without secondary guarantee)</td></tr> </tbody> </table>	*Ordinary Life Insurance Includes	Term (whether full underwriting, limited underwriting, jet issue, "short form app")	Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")	Variable Life (with or without secondary guarantee)	Universal Life (with or without secondary guarantee)	Variable Universal Life (with or without secondary guarantee)															
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Variable Life (with or without secondary guarantee)																						
Universal Life (with or without secondary guarantee)																						
Variable Universal Life (with or without secondary guarantee)																						
29	Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states?	Yes [X] No [ ]																				
29.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting insurer?	Yes [ ] No [ ]																				

**The Order Of United Commercial Travelers Of America**  
**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

\$000 omitted for amounts of life insurance

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Total (Line 21, Column 2).....	41,366	45,520	48,069	51,418	56,036
1.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated.....	0	0	XXX	XXX	XXX
<b>New Business Issued (Exhibit of Life Insurance)</b>					
2. Total (Line 2, Column 2).....	1,496	764	385	331	1,183
<b>Premium Income (Exhibit 1, Part 1)</b>					
3. Life insurance - first year (Line 9.4, Column 2).....	4,950	5,239	6,093	4,979	6,498
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	154,818	154,953	197,377	202,254	216,361
5. Annuity (Line 20.4, Column 3).....	34,920	34,686	26,372	38,471	43,132
6. Accident and health (Line 20.4, Column 4).....	12,474,335	12,063,379	11,609,367	11,880,160	12,210,258
7. Aggregate of all other lines of business (Line 20.4, Column 5).....	0	0	0	0	0
8. Total (Line 20.4, Column 1).....	12,669,023	12,258,258	11,839,209	12,125,864	12,476,249
<b>Balance Sheet Items (Pages 2 and 3)</b>					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	15,434,879	16,758,974	16,890,516	18,687,312	19,931,492
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	7,180,829	7,545,738	7,479,379	9,264,194	10,319,057
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	2,580,815	3,162,397	3,077,721	3,218,364	3,403,254
11.1 Excess VM-20 deterministic/stochastic reserve over NPR, related to Line 1.1.....	0	0	XXX	XXX	XXX
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	961,866	1,059,781	1,087,814	1,204,712	1,303,577
13. Deposit-type contract funds (Page 3, Line 3).....	21,704	4,151	7,417	16,336	23,081
14. Asset valuation reserve (Page 3, Line 21.1).....	46,564	55,419	54,527	52,429	57,881
15. Surplus (Page 3, Line 30).....	8,254,050	9,213,236	9,411,137	9,423,118	9,612,436
<b>Cash Flow (Page 5)</b>					
16. Net cash from operations (Line 11).....	(817,250)	(284,877)	(1,488,812)	(277,299)	210,256
<b>Risk-Based Capital Analysis</b>					
17. Total adjusted capital.....	8,254,050	9,213,236	9,465,664	9,475,547	9,670,317
18. 50% of the calculated RBC amount.....	627,830	619,646	646,068	673,950	701,194
<b>Percentage Distribution of Cash, Cash Equivalent and Invested Assets</b>					
(Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	90.1	96.9	94.1	84.7	86.8
20. Stocks (Lines 2.1 and 2.2).....	0.0	0.0	0.0	0.0	0.0
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	0.0	0.0	0.0	0.0	0.0
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.0	0.0	0.0	0.0	0.0
23. Cash, cash equivalents and short-term investments (Line 5).....	4.8	(1.8)	1.1	10.2	8.1
24. Contract loans (Line 6).....	5.1	4.9	4.8	5.1	5.1
25. Derivatives (Line 7).....	0.0	0.0	0.0	0.0	0.0
26. Other invested assets (Line 8).....	0.0	0.0	0.0	0.0	0.0
27. Receivable for securities (Line 9).....	0.0	0.0	0.0	0.0	0.0
28. Securities lending reinvested collateral assets (Line 10).....	0.0	0.0	0.0	0.0	0.0
29. Aggregate write-ins for invested assets (Line 11).....	0.0	0.0	0.0	0.0	0.0
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Subsidiaries and Affiliates</b>					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....	0	0	0	0	0
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....	0	0	0	0	0
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....	0	0	0	0	0
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....	0	0	0	0	0
35. Affiliated mortgage loans on real estate.....	0	0	0	0	0
36. All other affiliated.....	0	0	0	0	0
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....	0	0	0	0	0
<b>Total Nonadmitted Assets and Admitted Assets</b>					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	859,255	901,661	699,760	693,026	887,180
40. Total admitted assets (Page 2, Line 28, Col. 3).....	15,434,879	16,758,974	16,890,516	18,687,312	19,931,492
<b>Investment Data</b>					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	456,788	497,276	459,377	453,705	498,285
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	236,041	18,361	16,329	44,066	27,947
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	0	0	0	0	(5,714)
44. Total of above Lines 41, 42 and 43.....	692,829	515,637	475,706	497,771	520,518

**The Order Of United Commercial Travelers Of America**  
**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Benefits and Reserve Increases (Page 6)</b>					
45. Total certificate benefits - life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	777,387	298,031	410,819	383,560	855,175
46. Total certificate benefits - accident and health (Line 13, Column 5).....	8,115,953	7,451,263	7,649,599	7,672,629	7,767,425
47. Increase in life reserves (Line 17, Column 2).....	(604,407)	54,249	(59,653)	(195,091)	(145,022)
48. Increase in accident and health reserves (Line 17, Column 5).....	(97,914)	(28,028)	(116,900)	(82,790)	(143,643)
49. Refunds to members (Line 28, Column 1).....	0	0	0	0	0
<b>Operating Percentages</b>					
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	53.8	48.5	45.7	44.4	43.7
51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	6.0	4.6	5.7	3.5	4.3
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	64.5	61.3	65.1	64.0	61.4
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....	0.0	0.0	0.0	0.0	0.0
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....	47.7	43.2	39.1	39.1	38.3
<b>Accident and Health Reserve Adequacy</b>					
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....	949,053	853,587	1,267,111	2,316,861	1,356,062
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....	1,157,770	1,172,798	1,460,227	2,650,533	1,642,415
<b>Net Gains from Operations After Refunds to Members by Lines of Business</b> (Page 6, Line 29)					
57. Life Insurance (Column 2).....	(68,158)	(92,018)	(44,440)	110,104	(1,574)
58. Annuity (Column 3).....	8,490	(9,968)	52,082	(24,895)	(12,558)
59. Supplementary contracts (Column 4).....	0	0	0	0	0
60. Accident and health (Column 5).....	(1,036,834)	(146,876)	11,168	60,352	277,298
61. Aggregate of all other lines of business (Column 6).....	0	0	0	0	0
62. Fraternal (Column 8).....	30,726	36,231	(126,928)	(3,425)	120,685
63. Expense (Column 9).....	0	0	0	0	0
64. Total (Column 1).....	(1,065,776)	(212,631)	(108,118)	142,136	383,851

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes  No

If no, please explain:

**The Order Of United Commercial Travelers Of America**  
**EXHIBIT OF LIFE INSURANCE**  
(\$000 Omitted for Amounts of Life Insurance)

	1 Number of Certificates	2 Amount of Insurance
1. In force end of prior year.....	3,426	45,520
2. Issued during year.....	16	1,496
3. Reinsurance assumed.....	0	0
4. Revived during year.....	32	645
5. Increased during year (net).....	0	0
6. Subtotals, Lines 2 to 5.....	48	2,141
7. Additions by refunds during year.....	XXX.....	0
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	3,474	47,661
Deductions During Year:		
10. Death.....	169	1,699
11. Maturity.....	3	3
12. Disability.....	0	0
13. Expiry.....	3	15
14. Surrender.....	224	1,035
15. Lapse.....	55	1,576
16. Conversion.....	0	0
17. Decreased (net).....	35	1,967
18. Reinsurance.....	0	0
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	489	6,295
21. In force end of year (a) (Line 9 minus Line 20).....	2,985	41,366
22. Reinsurance ceded end of year.....	XXX.....	31,183
23. Line 21 minus Line 22.....	XXX.....	10,183

## DETAILS OF WRITE-INS

0801.....	0	0
0802.....	0	0
0803.....	0	0
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above).....	0	0
1901.....	0	0
1902.....	0	0
1903.....	0	0
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above).....	0	0

(a) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....0 , amount, \$.....0.

Additional accidental death benefits included in life certificates were in amount \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [ ] No [ ]  
If not, how are such expenses met?.....

**EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS,  
ANNUITIES AND ACCIDENT AND HEALTH INSURANCE**

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....	0	0	110	39,640
2. Issued during year.....	0	0	0	0
3. Reinsurance assumed.....	0	0	0	0
4. Increased during year (net).....	0	1	0	3,455
5. Totals (Lines 1 to 4).....	0	1	110	43,095
Deduction during year:				
6. Decreased during year (net).....	0	0	8	8,968
7. Reinsurance ceded.....	0	0	0	0
8. Totals (Lines 6 and 7).....	0	0	8	8,968
9. In force end of year (Line 5 minus Line 8).....	0	1	102	34,127
10. Amount on deposit.....	0	17,366	0	XXX.....
Income now payable:				
11. Amount of income payable.....	0	0	0	XXX.....
Deferred fully paid:				
12. Account balance.....	XXX.....	XXX.....	0	XXX.....
Deferred not fully paid:				
13. Account balance.....	XXX.....	XXX.....	0	XXX.....

# The Order Of United Commercial Travelers Of America

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

Allocated by States and Territories

States, Etc.	Active Status (a)	1	Direct Business Only				
		Life Contracts		4	5	6	7
		2	3	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1. Alabama.....	AL.....	9,037	0	643,941	0	652,978	0
2. Alaska.....	AK.....	266	0	7,466	0	7,732	0
3. Arizona.....	AZ.....	5,475	500	1,464,856	0	1,470,832	0
4. Arkansas.....	AR.....	5,968	0	1,305,577	0	1,311,546	0
5. California.....	CA.....	46,625	0	254,451	0	301,076	0
6. Colorado.....	CO.....	1,915	4,200	1,935,840	0	1,941,955	0
7. Connecticut.....	CT.....	4,806	0	10,554	0	15,359	0
8. Delaware.....	DE.....	0	0	10,567	0	10,567	0
9. District of Columbia.....	DC.....	352	0	1,338	0	1,690	0
10. Florida.....	FL.....	57,502	0	2,339,109	0	2,396,612	0
11. Georgia.....	GA.....	29,161	0	368,163	0	397,324	0
12. Hawaii.....	HI.....	0	0	100	0	100	0
13. Idaho.....	ID.....	0	0	2,744,961	0	2,744,961	0
14. Illinois.....	IL.....	39,710	0	2,220,699	0	2,260,410	0
15. Indiana.....	IN.....	33,363	0	3,027,121	0	3,060,484	0
16. Iowa.....	IA.....	8,705	0	1,338,505	0	1,347,210	0
17. Kansas.....	KS.....	9,001	1,800	361,081	0	371,882	0
18. Kentucky.....	KY.....	20,908	0	133,716	0	154,624	0
19. Louisiana.....	LA.....	19,256	0	1,604,521	0	1,623,778	0
20. Maine.....	ME.....	0	10,000	8,756	0	18,756	0
21. Maryland.....	MD.....	3,192	0	45,492	0	48,684	0
22. Massachusetts.....	MA.....	3,925	0	59,316	0	63,241	0
23. Michigan.....	MI.....	79,721	10,000	1,135,311	0	1,225,032	0
24. Minnesota.....	MN.....	4,385	0	103,505	0	107,889	0
25. Mississippi.....	MS.....	26,820	0	3,593,755	0	3,620,575	0
26. Missouri.....	MO.....	14,664	0	731,425	0	746,088	0
27. Montana.....	MT.....	472	0	1,083,963	0	1,084,435	0
28. Nebraska.....	NE.....	8,874	8,453	4,982,556	0	4,999,884	0
29. Nevada.....	NV.....	1,993	0	459,825	0	461,818	0
30. New Hampshire.....	NH.....	1,096	0	15,970	0	17,067	0
31. New Jersey.....	NJ.....	13,090	0	21,732	0	34,822	0
32. New Mexico.....	NM.....	492	0	25,342	0	25,834	0
33. New York.....	NY.....	1,655	0	63,440	0	65,095	0
34. North Carolina.....	NC.....	14,349	0	1,360,116	0	1,374,466	0
35. North Dakota.....	ND.....	4,864	3,000	912,264	0	920,128	0
36. Ohio.....	OH.....	63,275	0	927,531	0	990,806	0
37. Oklahoma.....	OK.....	11,778	0	419,973	0	431,751	0
38. Oregon.....	OR.....	16,293	0	1,612,806	0	1,629,099	0
39. Pennsylvania.....	PA.....	33,531	250	606,331	0	640,112	0
40. Rhode Island.....	RI.....	2,165	0	6,661	0	8,826	0
41. South Carolina.....	SC.....	5,350	0	426,941	0	432,291	0
42. South Dakota.....	SD.....	9,514	0	446,847	0	456,362	0
43. Tennessee.....	TN.....	27,511	400	251,787	0	279,698	0
44. Texas.....	TX.....	48,741	0	1,268,414	0	1,317,155	0
45. Utah.....	UT.....	11,268	0	695,391	0	706,659	0
46. Vermont.....	VT.....	0	0	5,341	0	5,341	0
47. Virginia.....	VA.....	17,486	0	2,573,229	0	2,590,715	0
48. Washington.....	WA.....	0	0	113,304	0	113,400	0
49. West Virginia.....	WV.....	9,983	0	1,172,076	0	1,182,059	0
50. Wisconsin.....	WI.....	13,305	10,000	2,347,324	0	2,370,629	0
51. Wyoming.....	WY.....	589	0	1,084,835	0	1,085,424	0
52. American Samoa.....	AS.....	0	0	0	0	0	0
53. Guam.....	GU.....	0	0	0	0	0	0
54. Puerto Rico.....	PR.....	0	0	0	0	0	0
55. US Virgin Islands.....	VI.....	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP.....	0	0	0	0	0	0
57. Canada.....	CAN.....	12,849	0	105,343	0	118,192	0
58. Aggregate Other Alien.....	OT.....	0	0	0	0	0	0
59. Subtotal.....	XXX.....	755,378	48,603	48,439,471	0	49,243,452	0
90. Reporting entity contributions for employee benefit plans.....	XXX.....	0	0	0	0	0	0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX.....	0	0	0	0	0	0
92. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX.....	0	0	0	0	0	0
93. Premium or annuity considerations waived under disability or other contract provisions.....	XXX.....	0	0	0	0	0	0
94. Aggregate other amounts not allocable by State.....	XXX.....	0	0	0	0	0	0
95. Totals (Direct Business).....	XXX.....	755,378	48,603	48,439,471	0	49,243,452	0
96. Plus reinsurance assumed.....	XXX.....	0	0	0	0	0	0
97. Totals (All Business).....	XXX.....	755,378	48,603	48,439,471	0	49,243,452	0
98. Less reinsurance ceded.....	XXX.....	588,253	13,683	35,984,015	0	36,585,951	0
99. Totals (All Business) less reinsurance ceded.....	XXX.....	167,125	34,920	(b) 12,455,456	0	12,657,501	0

## DETAILS OF WRITE-INS

58001.....	XXX.....	0	0	0	0	0	0
58002.....	XXX.....	0	0	0	0	0	0
58003.....	XXX.....	0	0	0	0	0	0
58998. Summ. of remaining write-ins for line 58 from overflow page.....	XXX.....	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX.....	0	0	0	0	0	0
9401.....	XXX.....	0	0	0	0	0	0
9402.....	XXX.....	0	0	0	0	0	0
9403.....	XXX.....	0	0	0	0	0	0
9498. Summ. of remaining write-ins for line 94 from overflow page.....	XXX.....	0	0	0	0	0	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX.....	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....

47

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

0

R - Registered - Non-domiciled RRGs.....

0

Q - Qualified - Qualified or accredited reinsurer.....

0

N - None of the above - Not allowed to write business in the state.....

10

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

State of Residence

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

Exhibit 1

**The Order of United Commercial Travelers of America**

FEIN: 31-4273120  
NAIC: 56383  
Ohio

**UCT Charities**

FEIN: 31-1486573  
Ohio

**2018 ALPHABETICAL INDEX**  
**FRATERNAL ANNUAL STATEMENT BLANK**

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